

APPENDIX B

SAMPLES FORMS (and Instructions)

DA Form 2401	Organizational Control Record for Equipment
DD Form 314	Preventive Maintenance Schedule and Record
ENG Form 3662	Administrative Vehicle Operational Record
DA Form 2408-9	Equipment Control Record
DA Form 2409	Equipment Maintenance Log: Consolidated
DA Form 2404	Equipment Inspection/Maintenance Worksheet
DD Form 2026	Oil analysis Request
DA Form 3254-R	Oil Analysis Recommendation and Feedback
DA Form 2408-20	Oil Analysis Log
DA Form 5823	Equipment Identification Card
DA Form 2407	Maintenance Request
SF 91	Motor Vehicle Accident Report
DD Form 518	Accident Identification Card

Instructions for completing DA Form 2401, Organizational Control Record for Equipment

(Completion instruction are listed by block or column number or title (See sample, Figure B-1).

Date and Page No. Self explanatory.

Dispatcher. Signature of the dispatcher.

(a) Official User. Print the name of the person or activity authorized to use the equipment.

(b) Reporting Point. Enter equipment location at the beginning of the usage cycle.

(c) Phone Ext. Number. Enter a phone number for a supervisor at the using activity.

(d), (e) and (f). Self explanatory.

(g) Unit Identification Number. Enter vehicle administrative number or license plate number.

(h) Type of Equipment. Enter type or model of equipment.

(I) Registration Number. Enter bar code number of the equipment.

(j) Operator's Name and Grade, . Self explanatory.

(k) and (l). Self explanatory.

(m) Remarks: Enter remarks, such as an extended usage cycle, date equipment returned or towed equipment with a prime mover.

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ORGANIZATIONAL CONTROL RECORD FOR EQUIPMENT						
Columns 1 through 7 will be used for equipment support. For use of this form, see DA FORM 750-1-100 the equipment agency is the Office of the Deputy G.						
OFFICIAL NAME	REPORTED POST	PHONE NO.	TIME TO RETURN	REPORT TIME OF ACTIVITY	DETERMINATION	UNIT USED
Jones, James R. SEC	Bldg 1309	1367	0800	C08	Trng Area #21	B-15
Klein, Allen R. SSG	Bldg 1850	1579	0800	1300	Camp Graefen. Se.	B-9
Rankin, Gary W. SFC	Trng Area #21	1635	0900	1300		B-7
Alcaraz, Charles B. SFC	Bldg 2300	1725	0930	1700	Clarksville, TN	B-19
Edkins, Bob K. SEC	Company Hq	215	0930	1600	Devils Lake	B-1
					24 Jun 92	
Emerick, Glen C. SFC	Bldg 2605	1098	0815	C08	Trng Area #35	B-15
Zimmer, Tim T. CW4	Supply Room	1415	0900	1300	Post Laundry	B-7
Felch, Herb K. SEC	Bldg 1310	1416	0930	1600	C.S.M.S.	B-2
Alcaraz, Charles B. SFC	Bldg 2300	1725	1015	0930	FTX	B-19
					25 Jun 92	
Ziegler, John R. CW4	Bldg 1200	1745	0800	C08	Oakes Armory	B-12
" " "	" "	" "	" "	" "	" "	B-T-13
Moad, Gerry I. SEC	Company Hq	1345	1230	1700	Guahab Range	B-15
					27 Jun 92	
Zimmer, Tim T. CW4	Trng Area #21	1415	0700	1300		B-7

DA FORM 2401

Sample of a completed DA Form 2401

Figure B-1 Organizational Control Record for Equipment - DA Form 2401

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Use of Report for Logistics				DATE 23 JUN 92		PAGE NO.		NO. OF PAGES	
TIME OF EQUIPMENT				TIME		REMARKS			
TIME	DATE	LOCATION	OPERATOR'S NAME AND GRADE	OUT	IN				
1750	23 JUN 92	NGO2DB	Frank, Joseph R. SPC	0745	1705	WITLA R-T-15			
1750	23 JUN 92	NGO1A2	Neis, Fred M. PFC	0750	1130				
1750	23 JUN 92	1742347	Nelson, Dan L. SPC	0800	1700	Extended Dispatch 26 Jun 92			
1750	23 JUN 92	NGO1A2	Condor, Lewis R. PFC	0900	1700				
1750	23 JUN 92	NGO1A1	Hertz, Al PFC	0715	1600	ASTOR, Dahlen, Dan P. PFC			
1750	23 JUN 92	NGO2DB	Short, Chris P. PFC	0800	1420	WITLA R-T-15			
1750	23 JUN 92	NGO1A3	Hoersch, Dale R. SPC	0845	1200				
1750	23 JUN 92	NGO1A4	Quick, Don R. PFC	0900	1610	Thick / Edmund			
1750	23 JUN 92	NGO1A2	SIMONSON, CHAD E. SPC	1000	1000	Extended Dispatch 26 Jun 92			
1750	23 JUN 92	NGO2CZ	Hertz, Al PFC	0745	1400	Extended Dispatch 26 Jun 92			
1750	23 JUN 92	PGO3BC	" " "	0745		Trailer Transferred			
1750	23 JUN 92	NGO2DB	Hawkins, Roy T. SGT	1200	1640	WITLA R-T-15			
1750	23 JUN 92	1742347	Nelson, Dan L. SPC	0600	1300				

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Sample of a completed DA Form 2401-Continued

Send completion instructions by block title or column
to. Enter the calendar date the form was started.

Page No. Fill in as required locally.
No. of Pages. Fill in as required locally.
Dispatcher. The dispatcher signs name.

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Figure B-1 Organizational Control Record for Equipment - DA Form 2401- Continued

Instructions for Completing DD Form 314, Preventive Maintenance Schedule and Record.

Instruction are listed by block or column number or title (sample shown in Figure B-2).

Enter the current year's last 2 digits in the shaded box at the upper or lower left of the card.

REGISTRATION NUMBER: Enter the bar code number and serial number by drawing a horizontal line across the box to separate the numbers.

ADMINISTRATION NUMBER: Enter the license tag or locally assigned administrative number.

NOMENCLATURE: Enter the appropriate nomenclature of the equipment or vehicle.

MODEL: Enter the model or type.

ASSIGNED TO: Enter the activity name.

REMARKS:

(a) In pencil, annotate any maintenance information that will be needed in the future or on the replacement form for the next year. This information may include service symbols, dates for current and next year, and warranty information.

(b) Antifreeze entries for equipment under warranty or using commercial or arctic antifreeze.

(c) Record cooling systems antifreeze protection level in degrees. (TB 750-651)

DATE BLOCKS: Indicate services scheduled in pencil entries and services completed with ink.

DATE RECEIVED and RECEIVED FROM: Leave blank or use as needed locally.

DISPOSITION: Leave blank or use as needed for local information.

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Preventive Maintenance Schedule and Record(DD Form 314)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
REGISTRATION NUMBER						ADMINISTRATION NO.					NOMENCLATURE										MODEL					ASSIGNED TO						
JAN										8	9	7	0	0																		
FEB															L	1	0	7	0	0												
MAR				L	H	1	1	7	0	0																						
APR												L	1	2	7	0	0															
MAY																								L	H	1	3	7	0	0		
JUN		L	1	4	7	0	0																									
JUL								5	1	5	7	0	0																			
AUG																																
SEP																																
OCT																																
NOV																																
DEC																																
REMARKS Next Service Annual - 21, 700 : 9 JAN 94 Next Tire Rotation Due: 17,700 Antifreeze Data: -40 Alkalinity: Blue Date 9 JAN 93																																
DATE RECEIVED					RECEIVED FROM															DISPOSITION												
REGISTRATION NUMBER					ADMINISTRATION NO.					NOMENCLATURE										MODEL					ASSIGNED TO							
5c 1263					A-60					TRK CO Subsystem HI X40831										m54a2												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

USAPPC V1 00

DD Form 314, 1 DEC 53

PREVIOUS EDITIONS OF
THIS FORM MAY BE USED

PREVENTIVE MAINTENANCE
SCHEDULE AND RECORD

Figure B-2 Preventive Maintenance Schedule and Record (DD Form 314)

Instructions for completing ENG Form 3662, Administrative Vehicle Operational Record

(Completion instruction are listed by block or column number or title (sample shown in Figure B-3)

(1) REPORT PERIOD. Enter the date the form is initiated. After the form is complete, enter the date to the right of the start date. (Example: 15 Feb. 95 --- 15 Mar. 95)

(2) NOMENCLATURE. Enter the equipment end item nomenclature/type and model.

(3) VEHICLE REPORTING. Leave blank [also leave **(3b)** blank “Group”].

(3a) CODE. Enter the appropriate end item code.

(4) TAG/REGISTRATION NO. Enter the registration or administrative and Bar Code number.

(5) ACTIVITY. Self explanatory.

(6) START MILEAGE. Self explanatory (use hour meter readings when appropriate).

(7) RENTAL RATE. Used for PRIP equipment only.

(8) SIGNATURE OF DISPATCHER.

(a) DATE. Enter the date of vehicle/equipment use. A separate line (columns a thru I) is to be completed **daily** on extended dispatches.

(b) NAME OF DRIVER. Enter the full name of the equipment operator.

(c), (d), (e) and (f). Self explanatory (beginning and return times and mileage or hours).

(g) and (h). Self explanatory (total miles traveled or hours used).

(I) LOAD WT/NO. OF PASS. Not used, unless required locally or the item is a motor vehicle.

(j) PROJECT NUMBER. Enter the appropriate cost code as required.

(k) and (l). Self explanatory (enter gallons of fuel or quarts of oil added).

Instructions to complete DA Form 2408-9, Equipment Control Record (Overhaul Report)

(Completion instruction listed by block or column number or title (sample shown in Figure B-4))

Control Number Block. Will contain a six character control number.

(1) Organization. Enter the name of the activity performing the overhaul.

(2) Location. Enter the location and zip code or APO of the activity in block 1.

(3) Unit Identification Code. You will enter the UIC of the activity in block 1. Will not be blank. Do not use the 6 position DODAAC.

(4) Utilization Code. Leave blank.

(5) Vehicle Use Code. Enter USACE.

(6) Nomenclature. Enter the equipment name (noun).

(7) Model. Enter the model of the equipment.

(8) National Stock Number. Will contain the NSN of the item, if applicable, as a minimum enter the Federal Stock Class (FSC).

(9) Serial Number. Enter the complete serial number, listing all characters, to include any preprinted suffix and (or) prefix. The Overhaul Report control number should be entered when the item **does not have** a serial number. **For watercraft**, enter the hull number.

(10) Registration Number. Enter the assigned registration number . **For watercraft**, if no registration number has been assigned, enter the hull number.

(11) Year of Manufacture. This field has 4 alpha/numeric characters. The first character is the number of times the equipment has undergone overhaul (1=first time, 2= second, etc.). The next character is the letter "H", and will be used to designate overhaul actions. The last places will reflect the year the action is performed. An item first overhauled in 1990 would be shown as "1H90" and the same item overhauled in 1997, would be shown as "2H97".

(12) through (16). Leave blank.

Instructions for completing DA Form 2408-9, Overhaul Report, (continued).

(17) Report Code. Enter the letter “V” on line (f) . This is used to show that the item was overhauled at an Army or contractor’s facility.

(18) Usage. Enter the cumulative mileage or hour meter reading taken just prior to this overhaul action. Insert an “M” in front of the numerals to indicate miles operated, or “K” for kilometers. If the mileage or hour meter is **not reset to “zero”** during this overhaul, be sure to record current mileage or hours in block 21 on the equipment **log book copy** of DA Form 2408-9.

(19) and (20). Leave blank.

(21) Remarks. When equipment is overhauled at an Army facility, they will annotate the Permanent Log Book copy: “Overhauled (month and year)” followed by the name of the facility. If this equipment has a DA Form 2408-8, this data will be in block “17” of that form.

(22) Inspector’s Signature. Leave blank.

(23) Julian Date. Enter the Julian for the report’s preparation date.

Equipment Control Record

DA Form 2408-9

1. LOCATION TEXARKANA, TX 75507		2. UNIT IDENT CODE HDMCAA		3. UTILIZATION CODE 5		4. VEHICLE USE CODE	
5. CARRIER PERSONNEL M113A1		6. MODEL M113A1		7. NATIONAL STOCK NO. 2350-00-960-6321		8. SERIAL NO. C432	
9. REGISTRATION NO. 12FT55		10. WARRANTY PERIOD		11. YEAR OF MFG 1974		12. MANUFACTURED (MFC Only)	
13. CONTRACT NO.		14. PURCHASE ORDER NO.		15. RECEIVED FROM a.		16. RECEIVED FROM b.	
17. REPORT CODE		18. USAGE a. HOURS b. MILES c. ROUNDS		19. IF THE OVERHAUL ALSO RESULTS IN AN NSN CHANGE, THE OVERHAUL MUST BE REFLECTED AGAINST THE OLD NSN AND NOT THE NEW ONE.		20. THE OVERHAUL DATE AND PERFORMING ACTIVITY MUST BE IN BLOCK 21 OF THE ACCEPTANCE OR GAIN PERMANENT LOGBOOK COPY.	
21. ENTER THE CUMULATIVE USAGE READING ON THE EQUIPMENT JUST PRIOR TO THIS OVERHAUL ACTION. BE SURE TO PUT "M" FOR MILES IN FRONT OF THE USAGE.		22. IF THE ODOMETER IS NOT RESET TO Zero MILES/KILOMETER (K OR M), AT THE TIME OF OVERHAUL, THE ODOMETER READING WILL BE RECORDED IN BLOCK 21 OF THE LOGBOOK COPY OF THE ACCEPTANCE OR GAIN REPORT.		23. JULIAN DATE 0129		24. REPORTS CONTROL SYMBOL CICLD 1000	

25. EQUIPMENT CONTROL RECORD
For use of this form, see DA Form 130-700, the predecessor copy to OCSLOG

26. DA FORM 2408-9

Figure B-4

Equipment Control Record

DA Form 2408-9

Instructions for completing DA Form 2409, Equipment Maintenance Log, Consolidated.

(Completion instructions are listed by block or column number or title (See Figure B-5).

Section A - General. (1) **Stock Number.** Enter finance and accounting Expense Work Code.

(2) **Model Number.** Enter the model number of the item. Enter “NONE” in this field if the equipment **has no model number.** Enter the **hull design number for watercraft.**

(3) **Serial Number.** Enter the serial number of the item or **hull design number for watercraft.**

(4) **Location.** Enter the actual equipment location, **in pencil.**

(5) **Frequency of Maintenance Inspection.** Enter the type or frequency (interval) of the maintenance inspection (weekly, monthly, semiannual, etc.).

(6) **Nomenclature.** Enter the equipment name (noun). Also enter “(N)” for new or “(U)” for used, as needed to reflect the status of the equipment when it was first obtained.

(7) **Expected Useful Life.** Enter if known. This information is found in some equipment pubs. If expected life is not known, put “UNK” in this block.

(8) **Expected Date of Retirement.** Enter the calendar date the item is expected to be taken out of service. To estimate this date, add the life expectancy in block 7 to the date in block 11 (“date put in service”). Enter “UNK” when this data cannot be determined.

(9) **Technical References.** Enter the number for each technical publication that governs the item. Also enter “the equipment bar code number”.

(10) **Manufacturer.** Enter the item’s manufacturer or “UNK”, if this data is not known.

(11) **Date Put in Service.** Enter the calendar date the item was accepted into inventory. If unknown, estimate and insert the prefix “EST” before the entry.

(12) **Unit Cost.** Enter the current cost of replacing the item.

Section B - Maintenance Inspection Record

Instructions for completing DA Form 2409, Equipment Maintenance Log, Consolidated (continued).

(a) Date. Enter the day, month, and the year of the completed maintenance action (scheduled maintenance inspection, load test, service or etc.).

(b) Initials. Enter the initials of the person completing the maintenance action.

(c) Remarks. (See narrative on **recording maintenance costs in paragraph 9-4**).

Section C - Repair and Cost Record

(a) Date. Enter the calendar date the repair work was finished. Also enter the completion date for safety recall work.

(b) Work Order Number. Enter the maintenance request or work order number if one was used. Also enter the safety recall number when appropriate.

(c) Nature of Repair. Briefly describe the repair work or safety recall action.

(d) Man-Hours. Sum all man-hours used to complete the maintenance action, round the total to the nearest tenth hour, and enter in this block.

(e) Remarks (Costs). Fill in columns **e**, **f**, and **g** with appropriate entries for **parts**, **labor** and **total**. Do not include costs for common hardware, items from cannibalization points, and etc., in the column **e** entry for parts.

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SECTION C - REPAIR AND COST RECORD						
DATE a	WORK ORDER NO. b	NATURE OF REPAIR c	MAN- HOURS d	COST		
				PARTS e	LABOR f	TOTAL g
12 Jun 93		Consolidation (From previous form)	42.2			
12 Jul 93	A1269	Replaced Hydraulic Line	1.2			
16 Jul 93	A1310	Replaced LPLC Holddown Latch Assy	2.8			

SECTION D - MODIFICATION RECORD							
MODIFICATIONS REQUIRED					MODIFICATIONS COMPLETE		
MOD NO. a	DATE OF MOD (Day - Month - Year) b	PRIORITY c	ECH d	MOD TITLE OR KIT NUMBER e	DATE MOD APPLIED (Day - Month - Year) f	MAN- HOURS g	SIGNATURE (Continuation of MOD Application) h

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Sample of a completed DA Form 2409—Continued

Figure B-5

DA Form 2409 - (Continued)

Instructions for completing DA Form 2404, Equipment Inspection/Maintenance Worksheet used for operator PMCS/EMCS

(Completion instruction are listed by block or column number or title (See examples in Figure B-6 and Figure B-7).

(1) ORGANIZATION. Enter the name of the equipment owning activity.

(2) NOMENCLATURE/MODEL. Self explanatory.

(3) REGISTRATION/SERIAL. Enter the serial, registration, or assigned bar code number of the equipment. For watercraft enter the hull number. The locally assigned **administrative number** of the equipment or **license tag** number may be entered on the **top right** of form as shown in Figure B-7. The appropriate **funding account code** may be entered on the **top left** as also shown. If the form is completed for more than one item, leave blank.

(4) MILES and HOURS. When a deficiency or a shortcoming is found enter the miles or kilometers on the equipment's odometer at the end of the day's dispatch or operation. Round to the nearest mile or kilometer and enter the letter "K" before if the reading is in kilometers. Leave blank if the item does not have an odometer or if no faults are found. Also leave **Rounds Fired** and **Hot Starts** blank.

(5) and (6). Self explanatory (enter "PMCS, EMCS, Annual, ECOD, etc.", as appropriate).

(7) TM NUMBER AND TM DATE. Self explanatory (space is provided in case more than one TM governs an item.

(8) SIGNATURE. When a deficiency or shortcoming is found, the operator or supervisor signs and enters their rank. A signature in this block keeps the form from being used past current dispatch. Leave the "**Time**" entry blank unless a use is specified locally.

(9) SIGNATURE. The maintenance supervisor or the commander's designated representative will sign this field when corrective action is taken. Again, leave the "**Time**" entry blank unless a local use is specified.

(10) through (10e). Self explanatory except as noted. Leave **Man hours Required** blank unless a local use is designated. The same form may be used for more than one day. If no faults are found during PMCS before operations checks, enter the date in column "**c**".

**Instructions for completing DA Form 2404, Equipment Inspection and Maintenance
Worksheet used for operator PMCS/EMCS (continued)**

If faults are found during or after operation, initial in column “e”. When faults are not found, the same form can be used several days, even if it is also used for concurrent PMCS inspections, i.e., **W/M** (weekly/monthly). Just place the first letter of the type of PMCS performed (“**W**” or “**M**”) in the column d, beside that day’s date in column “c”.

COLUMN a. TM Item No. Enter the PMCS item number for the fault listed in column c. If the PMCS has no item number, list the TM page, paragraph, or sequence number. Circle the number if the fault is listed in the “**Equipment is not ready/available if**” column or “**Not Mission Capable if**” column of the publication. If the PMCS has no ready /available or not mission capable column, circle the TM item number, page, or paragraph number of any fault that makes the equipment NMC. TM or other publication sections other than PMCS may be required for safety faults or local dispatching. For example, AR 385-55 lists safety checks that may not be in the PMCS. These faults will **not** count as NMC unless they are in the PMCS “not ready” or “not mission capable” column. You **will** list them, however, whenever you find a problem with one of them. For those faults not covered by the PMCS, leave this column blank.

COLUMN b. STATUS. Faults and deficiency status symbols are **preprinted on the form**.

COLUMN c. DEFICIENCIES. Do not enter faults on DA Form 2404 that can be repaired right away. Fix them and then continue the PMCS to see if others exist. If so, briefly describe here skipping one or two lines between faults. The blank space gives the maintenance activity room to note actions they take. When more than one TM covers the equipment, draw a line under the last entry for one TM. Under the line, write the TM number of the manual you will use next. Complete the PMCS, list uncorrected faults and submit the form maintenance supervisor. When using one form for several equipment items, enter the serial or administrative number of the item with the fault and enter the fault on the following line. Whenever faults not covered by the PMCS are listed, add this data (i.e., SOP or AR 385-55).

COLUMNS (d) and (e). CORRECTIVE ACTION and INITIALS. Explain corrective actions taken. Mechanics enter their initials in column “d” of the last line for each corrected fault. The maintenance supervisor will review corrected faults and decide what action is needed to clear remaining faults. A quality control inspector or his (her) designee will check all corrected status symbol “X” faults. The inspector then initials the status symbol.

Note: Form 2404 has a second page (see Figure B-9). It may be used as a continuation of page one and consists only of columns a through e.

Instructions for completing DA Form 2404, Equipment Inspection/ Maintenance Worksheet, performing scheduled services (Quarterly, Semi Annual and Annual).

(Completion instruction are listed by block or column number or title (See sample, Figure B-8).

(1) through (5). These fields are completed in the same manner as stated above in the instructions for completing the DA Form 2404 for PMCS/EMCS.

(6) TYPE INSPECTION. Self explanatory (enter “type of service or inspection to be done, such as lubrication, monthly, quarterly, semiannual, annual, etc.). When doing more than one inspection or service at the same time, put the service symbol in block 6 (L/S, etc.).

(7) through (10c). These fields are completed in the same manner as stated above in the instructions for completing the DA Form 2404 for PMCS/EMCS.

(10d). CORRECTIVE ACTION. Explain corrective action taken. For equipment needing a DA Form 2409, note repair work done and parts replaced. Put that information on the DA Form 2409. Print “DA Form 2409” in column d for those items. If parts are needed, the part’s clerk will order them and enter the document numbers.

Faults that need support maintenance will go on a DA Form 2407. Print “DA Form 2407 (SPT) in column d.

The commander’s designated representative will decide what maintenance can be delayed. Faults that do not affect the operation of the equipment and the operator’s safety can be deferred when support is backed up and cannot get to the equipment right away, the needed repair part is not on hand, or other reasons at the commander’s discretion.

Faults that the commander’s designated representative decides to defer go on the DA Form 2408-14. Print “DA Form 2408-14” in column d for those items.

COLUMN e. INITIAL WHEN CORRECTED.

- a. The person taking the action of transferring the information initials other entries.
- b. The initials will go on the last line of the entry.
- c. For quality control, the inspector or commander’s designated representative will check all corrected status symbol “X” faults to ensure proper repairs have been completed. If properly repaired, the inspector or the commander’s designated representative will initial status symbol.

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Equipment Inspection and Maintenance Worksheet

(DA Form 2404--Periodic)

EQUIPMENT INSPECTION AND MAINTENANCE WORKSHEET					
3-28					
B Co 214th Avn		Trk C30 1/4 T m1007			
367890		16 Apr 92 Annual, etc			
APPLICABLE REFERENCE					
TM 9-239-289-28		TM 9-239-289-28		TM 9-239-289-28	
JAN 88		JAN 88		JAN 88	
COLUMN a - Enter TM Item number.		COLUMN d - Show corrective action for deficiency or shortcoming listed in Column a.			
COLUMN b - Enter the applicable condition status symbol.		COLUMN e - Individual completing completed corrective action entered in this column.			
COLUMN c - Enter deficiencies and shortcomings.					
STATUS SYMBOLS					
<p>"X" - Indicates a deficiency in the equipment that places it in an operable status.</p> <p>CIRCLED "X" - Indicates a deficiency, however, the equipment may be operated under specific limitations as directed by higher authority or as presented locally. Initial corrective action can be accomplished.</p> <p>HORIZONTAL DASH "-" - Indicates that a required inspection, component replacement, maintenance operation check, or test flight is due but has not been accomplished, or an overdue SMO has not been accomplished.</p>			<p>DIAGONAL "/" - Indicates a material defect other than a deficiency which must be corrected to increase efficiency or to make the item completely serviceable.</p> <p>LAST NAME INITIAL IN BLACK, BLUE-BLACK INK, OR PENCIL - Indicates that a completely satisfactory condition exists.</p> <p>FOR AIRCRAFT - Status symbols will be recorded in red.</p>		
ALL INSPECTIONS AND EQUIPMENT CONDITIONS RECORDED ON THIS FORM HAVE BEEN DETERMINED IN ACCORDANCE WITH DIAGNOSTIC PROCEDURES AND STANDARDS IN THE TM CITED HEREON.					
SIGNATURE/Inspector performing inspection		SIGNATURE/Maintenance Authority		HANDSOME REQUIRED	
8		9		10	
PEC Chuck Palmer		SSA John Muna			
TM ITEM NO.	STATUS	DEFICIENCIES AND SHORTCOMINGS	CORRECTIVE ACTION	INITIAL WHEN CORRECTED	
a	b	c	d	e	
8	/	Class II leak at rear diff. cover	torgued bolts to 35 ft checked fluid level	CP	
			annotate on 2408-14	JM	
			2408-14		
9	/	Rear shock bushings starting to dry rot	2310-61-561-1083 460		
			19-98 46-5 250 2		
			Doc # 2408-2416		
			Annotate on 2408-14	JM	

Figure B-8

DA Form 2404- (Periodic, i.e., Annual, Quarterly, etc.)

Instructions for completing DA Form 2404, Equipment Inspection/ Maintenance Worksheet performing scheduled services, (ECOD).

(Completion instruction are listed by block or column number or title (See example, Figure B-9).

(1) through (5). These fields are completed in the same manner as stated above in the instructions for completing the DA Form 2404 for PMCS/EMCS.

(6) TYPE INSPECTION. Self explanatory (enter "ECOD").

(7) through (9b). These fields are completed in the same manner as stated above in the instructions for completing the DA Form 2404 for PMCS/EMCS.

(10) MAN-HOURS. Leave blank or use as needed locally.

Note: In columns a, b, c, d, and e, enter required information as instructed in the following steps. If additional space is required, use an additional DA Form 2404.

Enter "Step 1" and print "Technical Inspection" (See Figure B-9).

Column a. TM Item Number. Enter the fault number.

Column b. Status. Enter the status symbol that applies to the fault.

Column c. Deficiencies and shortcomings. Enter each fault detected during the technical inspection that requires repair or replacement to restore equipment serviceability.

Column d. Corrective Action. Enter the maintenance action (repair or replace) required to correct the fault entered in column c.

Column e. Initial When Corrected. Entered the man-hours required to correct the fault identified in column c.

Enter Step "2." Print "Date of Manufacture": followed by the manufacture date shown on the equipment data plate or the date entered in block 11 of the item's DA Form 2408-9.

Enter Step "3." Print "Time Since New": followed by the cumulative miles, kilometers or hours on the equipment.

Instructions for completing DA Form 2404, Equipment Inspection/ Maintenance Worksheet performing scheduled services, (ECOD) Continued.

Enter Step “4.” If an outstanding modification work order has not been applied to the equipment, print “Outstanding Modification Work Orders.” List all applicable modifications that have not been accomplished. Next to each modification, enter the man-hours to apply the MWO.

Enter step “5.” Print “Total Man-hours to Repair” followed by the estimated man-hours required to restore the equipment serviceability.

Enter step “6.” Print “Total Man-hour Cost.” In column d, enter total hours required to do the repair multiplied by the current local labor rate. In column e, enter total dollar cost.

Enter Step “7.” Enter “Maintenance Expenditure Limits” followed by the applicable Technical Bulletin (TB).

Enter Step “8.” Print “Repair Cost Factor” followed by the percentage and dollar factors, if cited in the TB listed in step 7.

Enter Step “9.” Print “Required Replacement Parts” followed by a listing of the parts (NSN, noun, quantity, and cost) required to replace/repair the item.

Enter Step “10.” Print “Total Cost of Replacement Parts” followed in column e by the total cost of required replacement parts (total from step 9).

Enter step “11.” Print “Total Cost of Repairs” followed by the total of Step 6 and Step 10 entries. Enter total column e.

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Equipment Inspection and Maintenance Worksheet

(DA Form 2404--ECOD)

EQUIPMENT INSPECTION AND MAINTENANCE WORKSHEET							
Form of this form, use DA FORM 2404 and 2404-1, use appropriate agency's OCSLOG						8-24	
B Co 214th Avn				Trk Cgo 1 1/4 T 8008			
REGISTRATION/SERIAL NO		IN MILES	HOURS	ROUNDS	STARTS	DATE	TYPE INSPECTION
890123		23910				11-Nov-92	ECOD
APPLICABLE REFERENCE							
TM NUMBER		TM DATE		TM NUMBER		TM DATE	
TM 9-2320-289-20		Jan 88		TM 9-2320-289-34P		Jan 87	
COLUMN a - Enter TM item number				COLUMN d - Show corrective action for deficiency or shortcoming listed in Column c.			
COLUMN b - Enter the applicable condition status symbol.				COLUMN e - Individual accounting completed corrective action initial in this column.			
COLUMN c - Enter deficiencies and shortcomings							
STATUS SYMBOLS							
<p>"X" - Indicates a deficiency in the equipment that places it in an unserviceable status.</p> <p>CIRCLED "X" - Indicates a deficiency, however, the equipment may be operated under specific limitations as directed by higher authority or as prescribed locally, until corrective action can be accomplished.</p> <p>HORIZONTAL DASH "-" - Indicates that a required inspection, component replacement, maintenance operation check, or test flight is due but has not been accomplished, or an overdue MWO has not been accomplished.</p>				<p>DIAGONAL "/" - Indicates a material defect other than a deficiency which must be corrected to increase efficiency or to make the item completely serviceable.</p> <p>LAST NAME INITIAL IN BLACK, BLUE, BLACK INK, OR PENCIL Indicates that a completely satisfactory condition exists.</p> <p>FOR AIRCRAFT Status symbols will be recorded in red.</p>			
ALL INSPECTIONS AND EQUIPMENT CONDITIONS RECORDED ON THIS FORM HAVE BEEN DETERMINED IN ACCORDANCE WITH DIAGNOSTIC PROCEDURES AND STANDARDS IN THE TM CITED HEREON							
SIGNATURE (Inspector performing inspection)		DATE		SIGNATURE (Maintenance Supervisor)		DATE	
John T. Usher, SGT				Kevin Arbanas, 1LT			
725th Maint. Co.				725th Maint Co.			
NSN 778-7545							
TM ITEM NO	STATUS	DEFICIENCIES AND SHORTCOMINGS		CORRECTIVE ACTION		INITIAL WHEN CORRECTED	
STEP 1		Technical Inspection					
1	/	tailgate crushed		replace		2.0	
2	/	rear bumper bent		repair		1.5	
3	/	R/S rear corner panel bent		replace		1.5	
4	/	left rear panel bent		replace		1.5	
5	/	left outer side panel bent		replace		1.5	
6	/	L/S tail light assy. broken		replace		1.0	
7	/	R/S tail light assy. broken		replace		1.0	
8	/	R/S rail assy. bent		replace		2.0	
9	/	L/S rail assy. torn		replace		2.0	
10	/	tailgate rail assy. bent		replace		2.5	
11	/	L/S door shell bent		replace		3.5	
2		Date of manufacture:		1978			
3		Time Since New:		32,611 miles			
4		Outstanding Modification Work Orders:		None			
5		Total Man hours to repair:		20 hrs			
6		Total Man hours Cost:		20 X 8.50 =		\$ 170.00	
7		Maintenance Expenditure limits:		TM 43-002-9			
8		Repair Cost Factor:		25%			

Figure B-9

DA Form 2404 Used for ECOD

Sample of a completed DA Form 2404 used for ECOD—Continued

DA Form 2404 Used for ECOD- Continued

Instructions for completing DD Form 2026 Oil Analysis Request.

(Completion instruction are listed by block or column number or title (See example in Figure B-10).

- (1) To Oil Analysis Lab:** Enter the name of your supporting laboratory.
- (2) From Major Command:** Operating activity. Enter your major USACE Command, operating activity designation, address, UIC, and telephone number.
- (3) Equipment Model/Approved Parts List (APL):** Enter nomenclature and model number of the component, for example, Engine, **D339TA**, and Hydraulic System.
- (4) Equipment Serial No:** Enter the serial number of the engine or of components the oil is from. On watercraft and in other cases where power is supplied by more than one engine, the suffix may become a very important portion of the serial number. For example, the suffix may be used to distinguish between “left side mounted” and “right side mounted” in otherwise identical engines, where this distinction is important. If, in the above example, two engines were used to power a piece of equipment, **D339TA-XX** could be a left engine and **D339TA-YY** could be a right engine, or vice versa (many character and digit variations for suffixes exist).
- (5) End Item Model/Hull No:** Self explanatory.
- (6) End Item Serial No./EIC:** Enter End Item Serial Number.
- (7) Date Sample Taken:** Self explanatory.
- (8) Local Time Sample Taken:** Leave blank.
- (9) Hours/Miles Since Overhaul:** Enter cumulative number of hours/miles on the component since new or last overhauled.
- (10) Hours/Miles Since Oil Change:** Enter the number of hours/miles since last oil change on the component. If neither the component nor the end item has an odometer or hour meter, enter the total estimated hours.
- (11) Reason for the Sample:** Check the block that is applicable. When the reason is other, explain under remarks, for example, initial sample, loss of engine power, and excessive smoke.

(12) Oil Added Since Last Sample: Self explanatory.

Instructions for completing DD Form 2026 Oil Analysis Request, (continued).

(13) Action Taken: Leave Blank.

(14) Discrepant Item: Leave Blank.

(15) How Malfunctioned: Leave Blank.

(16) How Found: Leave Blank.

(17) How Taken: Self explanatory.

(18) Sample Temperature: Self explanatory.

(19) Type Oil: Self explanatory.

(20) Remarks: The individual who took the sample will print his or her name and sign. In addition, record the following equipment usage data in the lower right corner of the remarks block.

- a. The odometer reading of the end item in which the component is installed. (Indicate whether the odometer reading represents miles (MI) or kilometers (KM). Do not convert the readings from miles to kilometers, or vice versa.)
- b. The end item hour meter reading, if the end item does not have an odometer, i.e., HRS= 50.
- c. If the end item has both an odometer and hour meter, only record the odometer reading.
- d. Make sure total equipment usage is shown, i.e., the current meter reading plus usage from a replaced meter (s). The remarks block on DD Form 314 will indicate if the equipment had a meter replaced and the amount of usage recorded by the old meter.

Note: If the component is not installed in an end item, enter “uninstalled.” Entries are **NOT REQUIRED** for end items not having an odometer or hour meter.

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OIL ANALYSIS REQUEST		KEYPUNCH CODE
TO	OIL ANALYSIS LAB FT. HOOD	1-3
FROM	MAJOR COMMAND FORS COM	4
	OPERATING ACTIVITY (Include ZIP Code, APU, DODAAD) HQ CO 1st ARMOR, 2 AD (WMD STD) FT. HOOD, TX 76544 685-3900	5-10
EQUIPMENT MODEL/PL	ENGINE AVDS 1790-2D	11-14
EQUIPMENT SER. NO.	A0606	15-20
END ITEM MODEL/MULL NO.	TANK M60A1	
END ITEM SER. NO./IC	6486	
DATE SAMPLE TAKEN (DD, MO, YR)	15 MAR 90	LOCAL TIME SAMPLE TAKEN
HOURS/MILES SINCE OVERHAUL	346	21-24
HOURS/MILES SINCE OIL CHANGE	67	25-29
REASON FOR SAMPLE	LAB REQUEST <input checked="" type="checkbox"/> TEST CELL <input type="checkbox"/> OTHER <input type="checkbox"/> (Specify)	30
OIL ADDED SINCE LAST SAMPLE (P, Q, L, G)	1 GAL	31-36
ACTION TAKEN		
DISCREPANT ITEM		
HOW MALFUNCTIONED		
HOW FOUND <input type="checkbox"/> LAB REQUEST <input type="checkbox"/> AIR OR GROUND CREW		
HOW TAKEN <input checked="" type="checkbox"/> DRAIN <input type="checkbox"/> TUBE	SAMPLE TEMPERATURE <input checked="" type="checkbox"/> HOT <input type="checkbox"/> COLD	TYPE OIL OE 30
REMARKS J. P. Kelly MI 4761		
FOR LAB USE ONLY		
SAMPLE RESPONSE TIME		37-40
FE 41-43	AG 44-46	AL 47-49
CR 50-52	CU 53-55	MO 56-58
NI 59-61	PO 62-64	SI 65-67
SN 68-70	TI 71-73	MO 74-76
LAB RECOMMENDATION		77-78
SAMPLE NO	SIGNATURE	FILE MAINT 79
		DATA SEC 80

DD FORM 1 NOV 77 2836 PREVIOUS EDITION WILL BE USED

Figure B-10

Oil Analysis Request

DD Form 2026

Instructions for completing DA Form 3254-R, Oil Analysis Recommendation and Feedback

(Completion instruction are listed by block or column number or title (See sample, Figure B-11).

(1) Through (11). These blocks will be completed by the laboratory.

(12). N/A

(13). Leave Blank.

(14). Feedback: Explain any diagnostics performed, discrepancies found, and actions taken to return the component to a serviceable condition.

(15). Form: Enter signature of the Maintenance Coordinator preparing the report.

(16). Date: Enter the calendar date (DDMMYY) the report was completed.

(17). To: Leave Blank.

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OIL ANALYSIS RECOMMENDATION AND FEEDBACK <small>For use of this form, see TB 43-0106 and TB 43-0210; the proponent agency is DARCOM</small>		REQUIREMENT CONTROL SYMBOL <small>CSGLD - 1818</small>
1 TO: FIELD <small>(Include ZIP Code and Telephone Number)</small> GRAYSON LAKE, ATTN: MAINTENANCE COORDINATOR, ROUTE 2, BOX 25-B GRAYSON, KY 41130-9612 TELEPHONE: (304) 529-5192	3 LAB RECOMMENDATION NUMBER 97-1223	
2 FROM: LABORATORY <small>(Include ZIP Code)</small> FORT KNOX OIL LABORATORY BLDG # 16383-A2 FORT KNOX, KY 76544-6383	4 END ITEM MODEL D7H	
	5 END ITEM SERIAL NUMBER 310888	
	6 COMPONENT TYPE ENGINE	
	7 COMPONENT SERIAL NUMBER NA-18996	
	8 COMPONENT TIME <small>(Hours/Miles)</small> 881 HOURS	
9 RECOMMENDATION AND REASON FOR ACTION OIL ANALYSIS SHOWS HIGH SILICON. RECOMMEND INSPECT AND REPAIR AIR INDUCTION SYSTEM. CHANGE OIL, FILTER, AND SAMPLE AGAIN AFTER 6 HOURS OF NORMAL OPERATION.		
10 SIGNATURE AND TITLE OF INITIATOR	11 DATE <small>(Day-Month-Year)</small> 22 MAY 97	
12 NOTE FOR ARMY AVIATION ONLY: <small>Quality Deficiency Report (QDR), SF 368, will be submitted when maintenance is performed due to impending or incipient failure indicated by oil analysis. Failure Code 918.</small>	13 QDR NUMBER	
14 FEEDBACK <small>(Maintenance Performed/Action Taken)</small> REPLACED AIR INDUCTION HOSE. OIL AND FILTER CHANGED. ANOTHER SAMPLE TAKEN AFTER 6 HOURS OF NORMAL OPERATIONS.		
15 FROM: FIELD/DEPOT MAINTENANCE PERSONNEL	16 DATE <small>(Day-Month-Year)</small> 31 MAY 97	
17 TO: LABORATORY	NOTE FOR ARMY AVIATION ONLY: Copy of this form with SF 368 (QDR) attached will be sent to: Commander, CCAO ATTN: DASTS-MER, Stop 56 Corpus Christi, TX 78419	

DA FORM 3254-R, NOV 80

EDITION OF JUN 78 IS OBSOLETE.

USAPPC V1.00

Figure B-11 Oil Analysis Recommendation and Feedback (DA Form 3254-R)

Instructions for completing DA Form 2408-20, Oil Analysis Log.

(Completion instruction are listed by block or column number or title (See sample, Figure B-12).

(1) End Item.

- (a) Nomenclature: Enter the noun of the end item.
- (b) Make or Type: Enter the end item model number or type.
- (c) Serial Number: Enter the end item serial number. Do not use the registration number.

(2) Sample Frequency: Enter the number of hours and the number of days of operation, after which, each subsequent sample should be scheduled and taken.

(3) Component.

- (a) Nomenclature and Type: Enter the component noun and type, for example, engine 6V53 or transmission CD 850.
- (b) Serial Number: Enter the component serial number.
- (c) Time Since New or Overhaul: Enter the number of hours that was on the component when it was installed. Underline the word New if the component was new; the word OVERHAUL if it has been overhaul. This number will be carried forward to future DA Forms 2408-20 until the component is replaced or rebuilt.

(4) Date. Enter the calendar date the sample was taken.

(5) Hours.

(a) End Item: Enter total hours for the end item. Make sure you add any hours from replaced meters. **See Chapter 4, DA Pam 738-750** for help in converting miles to hours for those end items that have no hour meter, but do have an odometer. If the end item does not have an hour meter or odometer, enter the estimated hours.

Instructions for completing DA Form 2408-20, Oil Analysis Log, (Continued).

(b) Component: Enter the total hours on the component. If the component does not have an hour meter, use the end item hour meter/odometer to determine this figure. Be careful to add any hours from replaced meters. **See Chapter 4, DA Pam 738-750** in converting miles of operation to hours of operation . If neither the component nor the end item has an odometer or hour meter, enter the total estimated hours.

(c) Last Oil Change: Enter the hours since the last oil change. If the equipment does not have an hour meter, estimate the hours.

(6) Reason for Sample. Enter the word "ROUTINE" for routine samples. Enter the word "SPECIAL" for lab-directed samples.

(7) Results: Enter the results of the lab analysis: Normal, maintenance recommended by the lab, component removed, send in another sample, etc. If you need more room, use the Remarks Block.

Figure B-12	Oil Analysis Log	(DA Form 2408-20)
Figure B-12	Oil Analysis Log	(DA Form 2408-20)

CARRIER PERSONNEL				SAMPLE FREQUENCY		COMPLIMENT	
M113A1				25 Hours		ENGINE 6V53	
BKS713056				60 Days		A9297	
RESULTS				RESULTS		RESULTS RECEIVED	
DATE	TIME	TEMPERATURE	LAST OIL CHG.	ANALYSIS	RESULTS	DATE	SIGNATURE
4 Jan 92	120	120	0	ROUTINE	NORMAL	9 Jan 92	J. Miller
18 Jan 92	145	145	25	ROUTINE	NORMAL	23 Jan 92	J. Miller
1 Mar 92	170	170	50	ROUTINE	NORMAL	4 Mar 92	J. Miller
3 Apr 92	195	195	75	ROUTINE	Resample Rod	3 Apr 92	J. Miller
4 Apr 92	195	195	75	SPECIAL	REANALYZED	6 Apr 92	J. Miller
6 Apr 92	200	200	5	SPECIAL	NORMAL	9 Apr 92	J. Miller
8 May 92	225	225	30	ROUTINE	NORMAL	12 May 92	J. Miller
17 May 92	245	245	50	SPECIAL	REANALYZED	17 May 92	J. Miller
18 May 92	250	250	5	SPECIAL	NORMAL	20 May 92	J. Miller

DA FORM 2408-20, DEC 91
EXPIRATION DATE MAY 92 OBSOLETE

OIL ANALYSIS LOG
For use of this form see DA FORM 2408-20, 1 of 750 and 1 of 751. The preparation agency is DCSLOG.

REMARKS: Oil Changed (OE-30) - 13 Dec 91 - 51 HOURS							

REVERSE OF DA FORM 2408-20, DEC 91

U.S. Government Printing Office: 1998 - 311-629/8100

Sample of a completed DA Form 2408-20—Continued

Figure B-12

Oil Analysis Log

(DA Form 2408-20)

Instructions for completing DA Form 5823, Equipment Identification Card (EIC)

(Completion instruction are listed by block or column number or title (See example in Figure B-13).

- a.** The EIC ties a particular equipment record folder to an item of equipment.
- b.** The EIC is located on the outside of each equipment record folder. The information on the card is used to identify the equipment covered and keep track of services due.
- c.** As a minimum the EIC will contain the following information.
 - (1) Name of the Maintenance Coordinator.
 - (2) Bar code number.
 - (3) Administrative number (I.D.), locally assigned or license tag number if assigned.
 - (4) Make and model.
 - (5) Serial number.
 - (6) Next scheduled service and lube date and corresponding hours/miles due (pencil entry).
 - (7) Enter the date and hours the next OAP/AOAP Sample is due (pencil entry).
- d.** The EIC information must be kept current and updated after each service.

EQUIPMENT IDENTIFICATION CARD

1 BUMPER NO H-16	2 MODEL M151A2
3 NOUN TRK 1/4 Ton	4 NSN 2320-00-177-9258
5 SERIAL NO. A241827	6 ACAP SAMPLE
7. NEXT SERVICE AT 29,781 miles/ 14 Dec	8 NEXT LUBE AT 27,012 Miles/ 27 Sept
9 OPERATOR Lowman PFC	10 SUPERVISOR Bishop CW2

DA FORM 5823, SEP 89

EQUIPMENT IDENTIFICATION CARD

For use of IP's form see G-1 PAM 738-756.

Figure B-13

EQUIPMENT IDENTIFICATION CARD (DA Form 5823)

Instructions for completing DA Form 2407, Maintenance Request

(Completion instruction are listed by block or column number or title (See example in Figure B-14).

(1a) UIC Customer. Enter the UIC of the customer that owns the equipment.

(1b) Customer Unit Name. Enter the name of the activity identified by the UIC in **(1a)**.

(1c) Phone Number. Enter the phone number of the activity identified by the UIC in **(1a)**.

(2a) SAMS-2 UIC/SAMS-1 TDA and (2c) MCSR Item. Leave blank.

(2b) Utilization Code. Enter "USACE).

Section II - Maintenance Activity Data. To be completed by support maintenance activity.

Section III - Equipment Data.

(5) Type MNT REQ Code. Enter "1".

(6) ID. Enter an identification (ID) code to show what type number will be entered in **block 7**. "A" refers to the National Stock Number, "C" refers to the Manufacturer's Code and Reference Number, "D" refers to the Management Control Number (MCN), and "P" is for all other types.

(7) NSN. Enter the National Stock Number or other number as shown in **(6)** above, as appropriate.

(8) Model Number. Self explanatory.

(9) Noun. Self explanatory.

(10a) ORGWON/DOC NO. Enter the organization's work order number or document number.

(10b) EIC. Enter the end item code or leave blank when unknown.

(11) Serial Number. Enter the serial number of the item in **block 9**. Use the registration number for non tactical, wheeled vehicles. **Leave entry blank** if the item has **more than one serial number**.

Instructions for completing DA Form 2407, Maintenance Request, (continued)

(12) Quantity. Self explanatory.

(13) PD. Enter the priority designator.

(14) Malfunction Description. This entry for maintenance use activity.

(15a) and (15b) (Failure Detection Information). Leave blank.

(16) Miles/Kilometers/Hours. Enter the cumulative mileage or hour meter reading (rounded to the nearest whole number). Enter the number beside **“K”** for kilometers, **“M”** for miles, or **“H”** for hours. Leave this entry blank when the item is not equipped with these meters.

(17) Project Code. Enter if appropriate or leave blank.

(18) Account Processing Code. Enter if appropriate or leave blank.

(19) In Warranty ?. Enter **“Y”** or **“N”** as appropriate. If **“Y”** (covered by manufacturer’s warranty), **submit one maintenance request for each serial numbered item.**

(20) Admin. Number. Enter the assigned bumper, materiel control, or administrative number.

(21) Reimbursable Customer. This entry for maintenance use activity.

(22) Work Performed By. Enter a code that describes maintenance activity. Enter **“O”** for organization level, **“F”** for support level, **“K”** for contract maintenance and **“L”** for special actions.

(23) Signature. The commander or his designated representative signs in this field. The signature grants approval for use of **PD 01 through PD 10.** Leave this entry blank for any other **PD.**

(24) Describe Deficiencies or Symptoms. Using the information in column “c”, DA Form 2404, briefly describe the problem (i.e., “engine does not develop full power” or “equipment uses two quarts of oil daily”). Do not ask for general or specific repairs of parts to be replaced (i.e., “replace the hydraulic system” and “repair as needed” are both inappropriate).

Instructions for completing DA Form 2407, Maintenance Request, (continued)

- a. When the request is for work on multiple items with the same NSN, list the quantity, each serial number, and any other information that may be required to perform the repairs.
- b. Furnish the **NSN for the end item** when repairs involve components or assemblies with recoverability codes **A, D, F, H, or L**. Enter the NSN on the last line in item 25. **Recoverability codes** are found in the **Army Master Data File** (AMDF) in the column labeled **“RC”**. It is also part of the **Source, Maintenance, and Recoverability** (SMR) code shown in parts manuals. Use **DA Form 2407-1**, when more space is needed to show pertinent data.

(25) Remarks. The maintenance support activity will use this block to indicate when **“on site”** or **“deferred maintenance”** is appropriate. The shop office personnel would then annotate the following data as appropriate: **“this work request was received on (date and signature)”**, or **“on site repair scheduled for (date and signature)”**, or **“the equipment owner will return item for repair on (date and signature)”**.

Section VII. Action signatures.

(34a) Submitted By. Enter the first initial and last name of the person submitting this form.

(34b) Date. The original date the form was submitted to the support activity is **entered by the person that signed this form**.

Maintenance Request						Page #		-007 PAGES		Control Number													
SECTION I - CUSTOMER DATA						SECTION II - MAINTENANCE ACTIVITY DATA																	
1. UK CUSTOMER		15. CUSTOMER UNIT NAME		16. PHONE NO.		19. WORK ORDER NUMBER (WORK)		20. SHOP		21. PHONE NO.													
N.L.3.W.Y.F. Co		214 th AV		278-5419		CD.B.A.I.A.A.212.346		A		278-7920													
22. LAKE-LEVEL MOUNT		23. UTILIZATION CODE		24. WCR		25. USE SUPPORT UNIT		26. SUPPORT UNIT NAME															
		d		Y		W.L.2.A.D.C.		A Co EXH maint															
SECTION III - EQUIPMENT DATA																							
5. TYPE MNT		6. Q		7. MSN		15a. FAILURE DETECTED DURING WHEN DISCOVERED CODE (FIRM CODE)				15b. FIRST INDICATION OF PROBLEMS WHEN RECORDED CODE (ISOP CODE)													
AQ CODE		A		2320000000000000		15c. VEHICLE SECURITY REPAIRS REQUIRED																	
8. MODEL		M-500				15d. PART IDENTIFICATION OF PROBLEM WHEN RECORDED CODE (ISOP CODE)																	
9. HOUR T-X C-A 214T						15e. VEHICLE SECURITY REPAIRS REQUIRED																	
10a. ONE WORD CODE NO.		10b. IC		10c. IC		15f. VEHICLE SECURITY REPAIRS REQUIRED																	
11. SERIAL NUMBER		12. QTY		13. PD		15g. VEHICLE SECURITY REPAIRS REQUIRED																	
1326		100		100		15h. VEHICLE SECURITY REPAIRS REQUIRED																	
14. MALFUNCTION DESCRIPTION (PER OSA) (EQUIPMENT DEPT USE)						16. MOST COMMON IS ACCURATE PROCESSING CODE				17. IN WARRANTY? YES NO													
Class 3.5 + E.T.R.G.E.A.T.						16. MOST COMMON IS ACCURATE PROCESSING CODE				17. IN WARRANTY? YES NO													
20. DESCRIBE DEFICIENCIES OR SYMPTOMS ON THE BASIS OF COMPLETE CHECKOUT AND DIAGNOSTIC PROCEDURES IN EQUIPMENT TM (DO NOT AVOID REPEATS)						21. MINORABLE CUSTOMER OF PRODUCT CATEGORY AFTER 7 or 10				22. LEVEL OF WORK													
Class III leak, steering gear box						21. MINORABLE CUSTOMER OF PRODUCT CATEGORY AFTER 7 or 10				22. LEVEL OF WORK													
25. REMARKS																							
26. TECHNICAL REFERENCES						TM 9-2300-209-34																	
SECTION IV - TASK REQUIREMENTS DATA																							
27a. TASK INPUT ACT CD		27b. TASK NO		27c. TASK ACT CODE		27d. TASK DESCRIPTION		27e. QTY TO BE RPD		27f. WORK CENTER		27g. FAILURE CODE		27h. MNT FROM		27i. MNT EXP							
A		T11		E		Initial Inspection		100		Inspr						5							
B		A11		A		Replace steering gear		100		Auto		3.8.1				8							
C		T2		G		Final inspection		100		Auto						5							
SECTION V - PART REQUIREMENTS																							
28a. TASK INPUT ACT CD		28b. TASK NO		28c. MNT NO		28d. MNT OR PART NUMBER		28e. L/R CB		28f. QTY REQD		28g. QTY ISSUED		28h. NAME CB		28i. FAILURE CODE		28j. STORAGE LOCATION		28k. INITIALS		28l. COST \$	
A		A11		A		2320000000000000		1		100		100		N		3.8.1		12-31		WP		3500	
SECTION VI - COMPLETION DATA																							
29. QTY RPD		30. QTY CONDENSED		31. QTY WHT		32. EVAC WGR		33. EVAC UNIT NAME															
SECTION VII - ACTION SIGNATURES																							
34a. SUBMITTED BY				34b. ACCEPTED BY				34c. WORK STATUS BY				34d. REPORTED BY				34e. PERFORMED BY							
R. North				C. Davis				B. Barker				C. Davis				B. Anderson							
34a. DATE		34b. STATUS		34c. TIME		34d. STATUS		34e. DATE		34f. TIME		34g. STATUS		34h. DATE		34i. TIME		34j. STATUS		34k. DATE		34l. TIME	
9.3.00		A		1.000		3		9.3.00		0.000		F		9.3.00		0.000		U		9.3.00		0.000	

Figure B-14

Maintenance Request

(DA Form 2407)

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MOTOR VEHICLE ACCIDENT REPORT		Please read the INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 Privacy Act State thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an ment on Page 3. accident investigator for bodily injury, fatality, and/or damage exceeding \$500.	
SECTION I - FEDERAL VEHICLE DATA			
1. DRIVER'S NAME (Last, first, middle)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS	
3. DATE OF ACCIDENT			
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS		4b. WORK TELEPHONE NUMBER ()	
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE
		9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE			
SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)			
12. DRIVER'S NAME (Last, first, middle)		13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS	
14a. DRIVER'S WORK ADDRESS		14b. WORK TELEPHONE NUMBER ()	
15a. DRIVER'S HOME ADDRESS		15b. HOME TELEPHONE NUMBER ()	
16. DESCRIBE VEHICLE DAMAGE		17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE	20. MODEL OF VEHICLE	21. TAG NUMBER AND STATE
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS		22b. POLICY NUMBER	
		22c. TELEPHONE NUMBER ()	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle)	
		24b. TELEPHONE NUMBER ()	
25. OWNER'S ADDRESS(ES)			
SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)			
26. NAME (Last, first, middle)		27. SEX	28. DATE OF BIRTH
29. ADDRESS			
A. 30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> FED <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (2)			
31. IN WHICH VEHICLE		32. LOCATION IN VEHICLE	33. FIRST AID GIVEN BY
34. TRANSPORTED BY		35. TRANSPORTED TO	
36. NAME (Last, first, middle)		37. SEX	38. DATE OF BIRTH
39. ADDRESS			
B. 40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> FED <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (2)			
41. IN WHICH VEHICLE		42. LOCATION IN VEHICLE	43. FIRST AID GIVEN BY
44. TRANSPORTED BY		45. TRANSPORTED TO	
a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO	
46. Pedes- c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway trian) playing, walking, hitchhiking, etc.)			

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Previous edition not usable

91-109

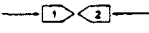



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Figure B-15

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SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)																													
47. DATE OF ACCIDENT	48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (Industrial, business, residential, open country, etc.); Road description)																												
49. TIME OF ACCIDENT AM PM																													
50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED Use one of these outlines to sketch the scene. Write in street or highway names or numbers. a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow. Example:  b. Use solid line to show path before accident and broken line after the accident. c. Show pedestrian by  d. Show railroad by  e. Place arrow in this circle to indicate NORTH 		51. POINT OF IMPACT (Check one for each vehicle) <table border="1"><thead><tr><th>FED</th><th>2</th><th>AREA</th></tr></thead><tbody><tr><td></td><td></td><td>a. FRONT</td></tr><tr><td></td><td></td><td>b. R. FRONT</td></tr><tr><td></td><td></td><td>c. L. FRONT</td></tr><tr><td></td><td></td><td>d. REAR</td></tr><tr><td></td><td></td><td>e. R. REAR</td></tr><tr><td></td><td></td><td>f. L. REAR</td></tr><tr><td></td><td></td><td>g. R. SIDE</td></tr><tr><td></td><td></td><td>h. L. SIDE</td></tr></tbody></table>	FED	2	AREA			a. FRONT			b. R. FRONT			c. L. FRONT			d. REAR			e. R. REAR			f. L. REAR			g. R. SIDE			h. L. SIDE
FED	2	AREA																											
		a. FRONT																											
		b. R. FRONT																											
		c. L. FRONT																											
		d. REAR																											
		e. R. REAR																											
		f. L. REAR																											
		g. R. SIDE																											
		h. L. SIDE																											
52. DESCRIBE WHAT HAPPENED (Refer to vehicles "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).																													

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)		
53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER ()	55. HOME TELEPHONE NUMBER ()
56. BUSINESS ADDRESS		57. HOME ADDRESS
58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER ()	60. HOME TELEPHONE NUMBER ()
61. BUSINESS ADDRESS		62. HOME ADDRESS

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)		
63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER ()	63c. HOME TELEPHONE NUMBER ()
63d. BUSINESS ADDRESS		63e. HOME ADDRESS
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER ()	64c. POLICY NUMBER
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

SECTION VII - POLICE INFORMATION		
68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER ()
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)

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SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71. NAME AND TITLE OF DRIVER

71b. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

73. DESTINATION

74 EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME (Circle one)	76. ACCIDENT OCCURRED	DATE	TIME (Circle one)
		a.m. p.m.			a.m. p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR
☐ ORALLY ☐ IN WRITING (Explain)

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE
☐ NO ☐ YES (Explain)

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS
☐ YES ☐ NO (Explain)

80 DID THE OPERATOR, WHILE ENROUTE, ENGAGE "I ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.

☐ NO ☒ YES (Explain)

81 COMPLETED BY DRIVER'S SUPERVISOR	8. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	9. COMMENTS

82a. NAME AND TITLE OF SUPERVISOR

82b. SUPERVISOR'S SIGNATURE AND DATE

82c. TELEPHONE NUMBER

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Figure B-15

Motor Vehicle Accident Report - Continued

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SECTION XI - ACCIDENT INVESTIGATION DATA			
83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION: <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", explain below.)			
84. PERSONS INTERVIEWED			
NAME		DATE	
a.		c.	
b.		d.	
85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)			
SECTION XII - ATTACHMENTS			
LIST ALL ATTACHMENTS TO THIS REPORT			
SECTION XIII - COMMENTS/APPROVALS			
86. REVIEWING OFFICIAL'S COMMENTS			
87. ACCIDENT INVESTIGATOR		88. ACCIDENT REVIEWING OFFICIAL	
a. SIGNATURE AND DATE		a. SIGNATURE AND DATE	
b. NAME (First, middle, last)		b. NAME (First, middle, last)	
c. TITLE		c. TITLE	
d. OFFICE		d. OFFICE	
e. OFFICE TELEPHONE NUMBER ()		e. OFFICE TELEPHONE NUMBER ()	

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Figure B-15

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ACCIDENT-IDENTIFICATION CARD	
(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974-SEE REVERSE)	
Any correspondence regarding accident should be addressed to:	
MAKE REFERENCE TO	
DATE OF ACCIDENT	
MAKE AND TYPE OF VEHICLE	
REGISTRATION NO.	
DRIVER (Last name-first name-initial)	
SSN	GRADE
ORGANIZATION	

DD FORM 518 1 OCT 78 PREVIOUS EDITION
IS OBSOLETE.

Figure B-16

Accident Identification Card

DD Form 518